



FORM
D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- ☒ Quarterly Report:
(Check one:) ☐ 1st ☐ 2nd ☐ 3rd ☒ 4th
- ☐ Final Report (Fund balance on Line E must be \$0)
- ☐ Amendment of the Report Indicated Above

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS
CHICAGO OFFICE

2021 JUL 12 PM 4:10

Full name and complete mailing address of Political Committee:

☐ CHECK FOR ADDRESS CHANGE

Health Psych Leadership PAC
7061 W. North Ave.
#244
Oak Park, IL 60302

COMMITTEE ID #

34549 - 4

E-mail address: erica.green@psypac.org

☐ CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD

Apr '21 | Jun '21

FROM

THRU

CASH AVAILABLE AT BEGINNING
OF REPORTING PERIOD:

\$ 51.39

Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
2329 S MacARTHUR BLVD
SPRINGFIELD, IL 62704-4503

OR

STATE BOARD OF ELECTIONS
JAMES R THOMPSON CENTER
100 W RANDOLPH, STE 14-100
CHICAGO, IL 60601-3232

SECTION A — RECEIPTS

1. Individual Contributions

- a. Itemized (from Schedule A): \$ 300.00 (1a)
- b. Not-Itemized: \$ (1b)

2. Transfers In

- a. Itemized (from Schedule A): \$ (2a)
- b. Not-Itemized: \$ (2b)

3. Loans Received

- a. Itemized (from Schedule A): \$ (3a)
- b. Not-Itemized: \$ (3b)

4. Other Receipts

- a. Itemized (from Schedule A): \$ (4a)
- b. Not-Itemized: \$ (4b)

TOTAL RECEIPTS (1a thru 4b) \$ 300.00 (TR)

5. In-Kind Contributions

- a. Itemized (from Schedule I): \$ 0 (5a)
- b. Not-Itemized: \$ (5b)

TOTAL IN-KIND (5a + 5b) \$ (TI)

Name and address of person submitting this report if other
than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. Transfers Out

- a. Itemized (from Schedule B): \$ (6a)
- b. Not-Itemized: \$ (6b)

7. Loans Made

- a. Itemized (from Schedule B): \$ (7a)
- b. Not-Itemized: \$ (7b)

8. Expenditures

- a. Itemized (from Schedule B): \$ (8a)
- b. Not-Itemized: \$ 67.83 (8b)

9. Independent Expenditures

- a. Itemized (from Schedule B-9): \$ (9a)
- b. Not-Itemized: \$ (9b)

TOTAL EXPENDITURES (6a thru 9b) \$ 67.83 (TE)

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): \$ (10a)
- b. Not-Itemized: \$ (10b)

TOTAL DEBTS & OBLIGATIONS \$

SECTION D — CASH BALANCE

Cash available at beginning of
reporting period: \$ 51.39 (A)

Total Receipts from Section A (TR): \$ 300.00 (B)

Total cash (A) plus (B): \$ (C)

Total Expenditures from Section B (TE): \$ 67.83 (D)

Funds available at close of
reporting period (C minus D): \$ 283.56 (E)

Investments total (if applicable): \$ (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

July 8, 2021

DATE

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

FOR OFFICE USE ONLY

April 2021

Jun 2021

HEALTH PSYCH LEADERSHIP PAC

FROM

THRU

SCHEDULE A RECEIPTS

CHECK THE PART OF FORM D-2, SECTION A, BEING ITEMIZED:

PART #1- INDIVIDUAL CONTRIBUTIONS
INCLUDING TICKETS AND RAFFLE SALESPART #3- LOANS RECEIVED
INCLUDING
ENDORSERPART #2- TRANSFERS IN
POLITICAL COMMITTEE CONTRIBUTIONS
INCLUDING TICKET AND RAFFLE SALESPART #4- OTHER RECEIPTSPOLITICAL COMMITTEE
IDENTIFICATION

No.

34549-1

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

| ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE | DATE RECEIVED | AMOUNT OF EACH RECEIPT | AGGREGATE AMOUNT FOR THIS REPORTING PERIOD |
|--|------------------|--|--|
| Erica Green 743 Colorado Ct. Carol Stream, IL 60188 | April 26, 2021 | \$ 300.00 EMPLOYER: AMITA Health | \$ 300.00 OCCUPATION: Therapist |
| | | \$ EMPLOYER: | \$ OCCUPATION: |
| | | \$ EMPLOYER: | \$ OCCUPATION: |
| | | \$ EMPLOYER: | \$ OCCUPATION: |
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| | | \$ EMPLOYER: | \$ OCCUPATION: |
| | | \$ EMPLOYER: | \$ OCCUPATION: |

USE A SEPARATE SCHEDULE A FOR EACH PARTS 1, 2, 3, & 4

TOTAL THIS PERIOD \$ 300.00